

INTERPRETER'S REPORT OF SERVICES AND
CLAIM FOR COMPENSATION AND EXPENSES

TO: Clerk of Court for the
Southern District of Georgia

DATE _____

I request payment be made for interpreter services
performed before:

PAYEE'S NAME

ADDRESS

CITY, STATE ZIP

TAX PAYER IDENTIFICATION NUMBER

HOME TELEPHONE

OFFICE TELEPHONE

(Name and Title of Presiding Judicial Officer)

In the case of:

vs _____

(Civil/Criminal Case Number)

Itemization of Services and Costs:

<u>Date(s)</u>	<u>Number of</u>		<u>Cost Per</u>		<u>Total</u> <u>Compensation</u>	<u>Other Costs</u> <u>(Including</u> <u>travel)*</u>	<u>Total Cost</u>
	<u>Hours</u>	<u>Days</u>	<u>Hour</u>	<u>Day</u>			
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TOTAL AMOUNT CERTIFIED FOR PAYMENT : \$ _____

The following information is provided in support of the above services:

Type of interpretation
Provided:

- ☐ Simultaneous
☐ Consecutive
☐ Summary

Interpreter is:

- ☐ Certified
☐ Non-Certified

Nature of Proceeding:

- ☐ Initial appearance
☐ Preliminary hearing
☐ Arraignment
☐ Trial
☐ Pretrial service officer interview
☐ Probation officer interview
☐ Sentencing
☐ Other _____

Foreign Language(s):

Check if:

- ☐ Hearing/Speech
Impaired

Person Furnished Services:

- ☐ Defendant
☐ Witness
☐ Other _____

CERTIFICATION: I certify under penalty of perjury that the foregoing is true and correct. Executed on _____
(Date)

(Signature of Interpreter)

APPROVED FOR PAYMENT THIS DAY _____
(Date)

(Signature)

(Name and Title of Presiding Judicial Officer)